SCHEDULE E)			PAGE 1 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTE (In Full)		F	EC IDENTIFICATION NUMBER ▼		
FREEDOMWORKS FOR AMERICA			C C00499020		
Check If 24-hour report X 48-hour report New	w report Amends repo	ort filed on	M / D D / Y I Y I Y I Y		
Full Name (Last, First, Middle Initial) of Payee Action Solutions		Date			
Action Solutions		M 0:			
Mailing Address 6855 NE Arnold Ave.			00 2012		
	7: 0 !	Amount			
City State Adair Village OR	Zip Code 97300		2555.80		
Purpose of Expenditure		Transact Office Sought:	ion ID : SE.41855 House State: UT		
IE-Hatch-Telemarketing	Category/ Type 004	omes sought	Senate District: 00		
Name of Federal Candidate Supported or Opposed by Expend	diture:		President		
ORRIN G HATCH		Check One:	Support Oppose		
Calendar Year-To-Date Per Election			For: Primary General		
for Office Sought	474324.65	2012 Othe	er (specify)		
Full Name (Last, First, Middle Initial) of Payee		Date			
Freedomworks		M 0:			
Mailing Address 400 N CAPITOL STREET NW SUITE 765			3 01 2012		
		Amount			
City State Washington DC	Zip Code 20001		228.35		
		Transact Office Sought:	tion ID : SE.41858 : House State: LIT		
Purpose of Expenditure IE-Hatch-Travel	Category/ Type 002	Ollice Godgin.	Senate District: 00		
Name of Federal Candidate Supported or Opposed by Expend	diture:		President		
ORRIN G HATCH		Check One:	Support Oppose		
Calendar Year-To-Date Per Election			For: Primary General		
for Office Sought	373334.00	2012 Othe	er (specify)		
			<u> </u>		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
4					
(c) TOTAL Independent Expenditures		•	7 7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ryan Hecker					
[Ele	ectronically Filed] Date	03	07 2012		
Signature					

SC	CHEDULE E)		PAGE 2 FOR SE OF	OF 4 FORM 24/48	
	AME OF COMMITTE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼	
F	REEDOMWORKS FOR AMERICA	С	C00499020		
			000433020		
Cł	neck If 24-hour report X 48-hour report New report Amends report filed of	on M = M		Y	
	Full Name (Last, First, Middle Initial) of Payee	Date			
	Freedomworks	M M	/ D D /	Y Y Y Y Y	
	Mailing Address 400 N CAPITOL STREET NW SHITE 765	03	02	2012	
	400 N GALLIGE OTTLET TWO GOTTE 700	Amount			
	City State Zip Code	7 tillount			
	Washington DC 20001		y- 11 -y-	909.40	
	Dumage of Evaporeliture	ransaction I	ID : SE.41857 House	State: UT	
	IE-Hatch-Travel Category/ Type 002	oougiit.	Senate		
			President	District: 00	
	Name of Federal Candidate Supported or Opposed by Expenditure: ORRIN G HATCH Check	One:	Support	X Oppose	
	ORRING HATCH		Опрост		
		sement For:	Primary	General	
	for Office Sought 374243.40 2012	Other (s	pecify)		
	Full Name (Last, First, Middle Initial) of Payee	Date			
	Freedomworks	M = M	/ D D /	Y • Y • Y • Y	
	Malling Adelyses	03	05	2012	
	Mailing Address 400 N CAPITOL STREET NW SUITE 765	Amount			
		Amount			
	City State Zip Code Washington DC 20001			2226.95	
			ID : SE.41859	State: LIT	
	Purpose of Expenditure Category/ Type 004	Sought:	House Senate		
			President	District: 00	
	Name of Federal Candidate Supported or Opposed by Expenditure: Check	. Ono:	Support	Oppose	
	ORRIN G HATCH	One.	Зирроп	Oppose	
	Calcilual I cal- I C-Date I CI Licution	rsement For:	: Primary	General	
	for Office Sought 474324.65 2012	Other (s	specify)		
_					
	(a) SUBTOTAL of Itemized Independent Expenditures			3136.35	
	(a) COSTOTAL OF HOMESON MOOPENBORN EXPENDITIONS			3130.33	
	(b) SURTOTAL of Unitemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures				
	(c) TOTAL independent Expenditures	-			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert					
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political					
party committee) any political party committee or its agent.					
	Ryan Hecker	M / D =	D / V = V =	YY	
	[Electronically Filed] Date 03	07	201		
	Signature				

SCHEDULE E)	PAGE 3 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
FREEDOMWORKS FOR AMERICA				
	C C00499020			
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee				
Freedomworks	M M / D D / Y Y Y Y Y			
Mailing Address 400 N CAPITOL STREET NW SUITE 765	03 05 2012			
Amo	ount			
City State Zip Code	1998.50			
Washington DC 20001	action ID : SE.41860			
Purpose of Expenditure Category/ Office Sou				
IE-Hatch-Est. Staff & Overhead Type 001	Senate District: 00			
Name of Enderal Candidate Supported or Opposed by Evpanditure:	President			
Name of Federal Candidate Supported or Opposed by Expenditure: ORRIN G HATCH Check One	e: Support X Oppose			
ORKING HATCH	o. Support			
	ent For: 🔀 Primary 🔲 General			
for Office Sought 474324.65 2012	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Date)			
Mentzer Media	M M / D D / Y Y Y			
	03 05 2012			
Mailing Address 600 Fairmount Ave., Ste. 306				
Amo	punt			
City State Zip Code	93300.00			
Towson MD 21286	saction ID : SE.41856			
Purpose of Expenditure Category/ Office Sou				
IE-Hatch-Media Buy Type 004	Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
ORRIN G HATCH Check One	e: Support X Oppose			
ORKAN OTIVITOTI				
Calcilual i cal-10-Dale i ci Licciloli	ent For: Primary General			
for Office Sought 474324.65 2012	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	95298.50			
(b) SUBTOTAL of Unitemized Independent Expenditures				
· L	7 7 7			
(c) TOTAL Independent Expenditures				
(4) 10112 11004011011 214011111111111111111	7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ryan Hecker	/ D D / Y Y Y Y			
[Electronically Filed] Date 03	07 2012			
Signature				

(SCHEDULE E)	PAGE 4 OF 4 FOR SE OF FORM 24/48				
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼				
FREEDOMWORKS FOR AMERICA	C C00499020				
Check If 24-hour report X 48-hour report New report Amends	report filed on				
Full Name (Last, First, Middle Initial) of Payee	Dete				
Odd Lamps Productions LLC	Date M M / D D / Y Y Y Y Y Y Y Y Y				
Mailing Address 12076 92nd Ave., N	Amount				
City State Zip Code					
Maple Grove MN 55369	720.00 Transaction ID : SE.41862				
Purpose of Expenditure IE-Hatch-Media Production Category/ Type 004	Office Sought: House State: UT Senate District: 00				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
ORRIN G HATCH	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date				
	M M / D D / Y Y Y Y				
Mailing Address					
	Amount				
City State Zip Code					
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
у при	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
	7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
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Ryan Hecker [Electronically Filed]	Date 02 07 2012				
Signature	Date 03 07 2012				